

Management of Bronchial Asthma (~Tamaka Shwasa) through Ayurveda

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Abstract: Asthma is a chronic lung illness characterized by airway obstruction, inflammation, and hyper-reactivity to numerous stimuli that is often treatable with bronchodilators and anti-inflammatory medications. If not effectively managed, some persistent asthmatics have irreversible airway remodeling. Asthma is a major health issue globally and produces a great cost on the family and society. It accounts for a high number of lost school days and interferes with academic progress and social interaction. It also puts a load on health visits to doctors and hospitals. It leads to recurrent episodes of wheezing, breathlessness, tightness of chest and cough particularly at night or early morning. In Ayurveda juvenile bronchial asthma can be correlated with Tamak Shwasa which is one of them among five types of Shwasa Roga. This is mainly caused by vitiation of Vata and Kapha Doshas. In the present context an 8-Year-old child was reported to Ayurveda paediatric OPD with complaint of cough, breathless aggravating on exposure to cold, dust, and allergen which was more aggravated during night time. It disturbed sleep of affected child also. After evaluating the child Ayurveda line of treatment was followed to breakdown its Samprapti (etiopathogenesis). Along with this Pathyapathy (do's & don't) was advised. After one month of treatment the symptom was completely. Treatment was continued for 7 months for complete cure. However no adverse events were reported.

Keywords: Ayurveda, Asthma, Breathing, Bronchial, Bronchodilator, Kapha, Vata, Wheezes, Whistling

1. Introduction

Chronic asthma is a lung condition that is frequently treated with bronchodilators and anti-inflammatory medications. It is characterized by airway blockage, inflammation, and hyper-reactivity to stimuli.¹ Some people with persistent asthma develop irreversible airway remodelling if their condition is not adequately addressed. Worldwide, asthma is a significant health issue that puts a heavy burden on families, community, and schools. It also interferes with socialization and academic performance and increases the need for doctor and hospital visits. There is strong evidence that asthma is becoming more common place globally, and different nations have different possible causes for this growth or for the variances in incidence. However, there is widespread agreement that environmental factors, such as increased exposure to air pollution, tobacco smoke, allergens, the western way of life, deviating from traditional food habits, and rearing children in an extremely hygienic environment devoid of even protective germs, contribute to this phenomenon.

Based on international guidelines, a two-decade study conducted by a paediatric pulmonologist in a paediatric OPD children < 18 years of age in a metropolitan city revealed asthma prevalence rates every five years since 1979 as follows as shown 9 percent, 1984-10.5 percent, 1989-24 percent, 1989-29.5 percent. The steady rise in prevalence correlated with demographic changes in the city like - increase in numbers of industries, increased density of population from migration of rural population in search of jobs and increased number of automobiles to commute, leading to air pollution. Asthma may have its onset at any age; 26.3 percent of patients are symptomatic by one year of age, 51.4 percent by 1-5 years and 22.3 percent after five years of age. It was observed that 77.7 percent of asthma cases are in the age group of less than 5 years. The male to female ratio is

2:1 on par with various other studies.² Since the 1970s, the prevalence of bronchial asthma has steadily climbed, affecting an Allergens, both indoor and outdoor, microbiological exposure, faulty food, smoking and air pollution are common triggers for asthma.³

The sign and symptoms of bronchial asthma is similar to Tamak Shwasa in Ayurveda. The disease, which is characterized by the preponderance of the Doshas Kapha and Vata, originates in Pitta Sthana and becomes localized in Kaphasthana i.e Kaphavatam kaveto pitta Sthana Samudbhava.⁴ Ayurveda described this as a Yapy Vyadhi.⁵ According to Acharya's, the clinical features of Tamaka Shwasa described as Gurghurkam (audible wheezing), Pinasa (coryza), Shirogaurava (heaviness in the head region), Kricchat Bhashitum (difficulty in speaking), etc.⁶ Extended exposure to Hetu impairs Prana Vayu's functions, which first damages the lungs structurally and then changes the lungs natural elasticity and smoothness into hardness and roughness. This raises mucus secretions, which get stored in the bronchial passages and eventually dry up owing to Ruksha Guna of Vata, causing difficulty in breathing together with Sakashta and Sashabda Shawas.⁷

Patient Information

An 8-Year-old child was reported to Ayurveda paediatric OPD, Sanjeevani Ayurveda Hospital, Jodhpur on 17/05/2023 with complaint of cough, breathlessness aggravating on exposure to cold, dust, and allergen which was more aggravated during night time. It disturbed sleep of affected child also.

History of Present Illness- The child was suffering from recurrent episodes of cough with breathlessness since 3 years which got worsen day by day and on exposure of cold, dust

and allergen. Presently sleep of child was too disturbed due to night attack of asthma.

History of Past Illness- No significant history of any illness was revealed.

History of Treatment- Presently patient was receiving conventional medicines like mast cell stabilizers and bronchodilator along with beta adrenergic drugs. All of this provide the symptomatic relief to the child but not the permanent relief. Therefore, he approached to Sanjeevani *Ayurveda* Hospital in search of complete cure.

Family History- No such incidences were reported in his family.

Birth & Developmental history- Normal.

Vaccination H/O- Child was completed his vaccination at per his age.

General Examination-The child was not anaemic, icteric, cyanosed. There was no generalized and localised oedema. No lymphadenopathy was detected. His BP was 100/60 mmHg while pulse rate was 22/min along with afebrile condition.

Ashtavidha pareeksha

Nadi (~ pulse) of the patient was *Vata-Kaphaj*; *Mutra* (~ urine) was *Niram* (normal); *Mala* (~ stool) was *Amaj* (not normal); *Jiwha* (~ tongue) was *Sama* (coated); *Shabda* (voice) was *Spastha* (~clear); *Sparsha* (~touch) was *Snigdha* (~soft); *Drik* (~vision) was *Prakrit* and *Akriti* (-built) was *Avara* (~thin built)

Systematic Examination-

Cardiovascular Examination- There was no swelling all over the chest wall with normal apex beat. Percussion did not reveal any significant finding except cardiac dullness. On

auscultation S1 and S2 was audible at their position. S3 sound was not audible. There was no murmur was detected.

Respiratory Examination- No obvious swelling or scar was seen on the chest wall. Flaring of alae nasi was observed. Trachea was centrally placed with diminished chest movement bilaterally; vocal fremitus was absent. Trachea was centrally placed. On percussion hyper-resonant sound was observed. While on auscultation expiratory wheezing sound present all over the chest.

Gastrointestinal System- No Organomegaly was reported. Bowel sound was 4-5 times per min.

Genitourinary System and CNS system- Did not reveal any significant finding.

Diagnosis of *Tamaka Shwasa* was made on this ground. *Samprapti* as per *Ayurveda* will be as follows-*Tamak Shwasa* is mainly due to involvement of *Vata-Kapha Dosha* due to *Nidan* (~etiological factor) *Sevan* there is disturbance in physiology of *Vata-Kapha* which leads to *Agnimandhya* and result in *Aama* formation which causes *Rasa Dhatu Dusti* and increased *Vata Dosha* leads to *Pranvaha Sroto Avrodha* and *Vimarga-gamana* of *Vata* which ultimately causes *Shwasa Roga*.

Criteria for assessment of results

Results were assessed from subjective parameters (cardinal signs) of base line data of before and after treatment.

Subjective Criteria-

- *Kasa* (Cough)
- *Nidra* (Sleep)
- *Ghurghurka* (Audible respiratory sound)
- *Shwasakrichta* (respiration difficulty)
- Use of Bronchodilators

Assessment Criteria-

Table No.1: Study design on Assessment grade for Subjective criteria

S. No	<i>Rupa</i> (Clinical finding)	0	1	2	3
1	<i>Kasa</i> (Cough)	Absent	Morning bouts	Continuous cough	Continuous cough with disturbing activity
2	<i>Nidra</i> (Sleep)	Absent	Difficulty in sleep	Disturbed 1-2 times in night	Disturbed frequently
3	<i>Ghurghurka</i> (Audible respiratory sound)	Absent	Feeling to patient only sometimes	Feeling to patient only at night	Feeling to patient at day and night.
4	<i>Shwasa krichta</i> (respiration difficulty)	Absent	During light playful activities	During heavy playful activities	At rest condition
5	Use of Bronchodilator	None	1-2 Puffs in a day	2-3 Puffs in a day	More than 5 Puffs in a day

Treatment Plan- After making the proper diagnosis and understand the etiopathogenesis the following treatment was planned to break down it as shown in table no-2.

Table 2: Showing details of *Shamana Chikitsa*

Date	Management	Duration	Improvement
On Admission	Compound mixture of 1. <i>Taalishadi Churna</i> - 40gm <i>Kumar Kalyan Rasa</i> - 10 Tab <i>Swas Kuthar Rasa</i> - 20 Tab <i>Shringarabhra Rasa</i> - 5 Gm <i>64 Prahar Pippali</i> - 5 Gm <i>Soma Churna</i> - 40 Gm (Grind and mix all to prepare 45 doses) TDS with honey 2. <i>Syp Bresol</i> - 1 Tsp TDS	15 days	

	3. Syp M-Vasaco – 1Tsp TDS Mix with warm water 4. <i>Anu Taila</i> – 1 drop BD 5. Anulom viloma		
I st Follow up	Same as above treatment	15 days	Mild improvement in symptom
II nd Follow up	Compound mixture of 1. Combination of <i>Kumar Kalyan Rasa</i> – 10 Tab <i>Swas Kuthar Rasa</i> – 20 Tab <i>Shringarabhra Rasa</i> – 5 Gm 64 <i>Prahar Pippali</i> – 5 Gm <i>Taalishadi Churna</i> - 40gm <i>Soma Churna</i> – 40 Gm (Grind and mix all to prepare 45 doses) TDS with honey 2. Syp Bresol – 1 Tsp TDS 3. Syp M-Vasaco – 1Tsp TDS Mix with warm water 4. <i>Anu Taila</i> – 1 drop BD 5. Anulom viloma This treatment is prescribed for 15 days.	15 days	Nocturnal coughing decrease Dyspnoea during exercise decrease
III rd Follow up	Same as above Treatment	15 days	Decrease in frequency of using pump inhaler
IV th Follow up	Compound mixture of 1. <i>Kumar Kalyan Rasa</i> – 10 Tab <i>Swas Kuthar Rasa</i> – 20 Tab <i>Shringarabhra Rasa</i> – 5 Gm 64 <i>Prahar Pippali</i> – 5 Gm <i>Taalishadi Churna</i> - 40gm (Grind and mix all to prepare 45 doses) TDS with honey 2. <i>Kushmandavleha</i> - 1 Tsp TDS 3. Syp M-Vasaco – 1Tsp TDS mix with warm water 4. <i>Anu Taila</i> – 1 drops BD 5. Anulom Viloma	15 days	Relieves in all symptoms Stop using Pump inhalers

2. Result

Table 3: Result showing changes in Symptoms of Tamakshwasa Before and After Treatment

S. No.	Lakshana	Before Treatment	After Treatment
1	<i>Kasa</i> (Cough)	3	1
2	<i>Nidra</i> (Sleep)	3	1
3	<i>Ghurghurka</i> (Audible respiratory sound)	2	1
4	<i>Shwasa krichhta</i> (respiration difficulty)	1	0
5	Use of Bronchodilator	2	0

3. Discussion

Tamak shwasa is well defined in ayurvedic texts and it is similar to the current state of bronchial asthma in terms of risk factors, etiopathology, clinical symptoms, and treatment principles. According to *Ayurveda Tamaka Shwasa* (juvenile bronchial asthma) is *Vata-Kaphaja* disease which starts in the *Aamashaya*(Stomach). Eliminating excess *Kapha* is the primary goal of treatment. For this reason, the following techniques are used mainly *Shodhan Chikitsa*, *shamana Chikitsa*, *Nidan Parivarjana* is continuously monitored to avoid exacerbating the inherent pathophysiology of the condition. Regular practice of pranayama also helps in boosting capacity of lungs. *Acharya Charak* mentioned *Shodhan Chikitsa* in *Tamaka Shwasa* mainly *Vaman* and *Virechan Karma* before starting *Shaman Chikitsa*. Since Patient *Bala* was *Alpa* in this case so *Shaman Chikitsa* was started. *Swaskuthar Ras* mainly acts on *Agnimandya* and

breaks the *Kapha Dosha Pradhan Samprapti*. *Kumar Kalyan Rasa* is used as an Immuno-stimulatory since it helps to develop non-specific immunity, adaptogenic and having Rasayana effects thus improving strength. Antitussive and anti-asthmatic actions help in respiratory problems. *Taalishadi churna* is an effective herb compound in managing *Kasa* and *Shwasa* due to its *Kaphashamaka* property. It controls cough, releases mucus, and clears air passages thus allowing the patient to breathe freely. The sum total properties of herbal and herbo-minerals are *Tikta Katu Rasa*, *Ushnavirya* (hot potency) which decrease *Vata* and *Kapha Dosha*. The *Gunas* of the drug are *Laghu*, *Tikshna* which are antagonistic to the *Gunas* of *Vata*.⁸ All the drugs have the quality to normalize or suppress the vitiated *Vata Dosha* by *Ushna Virya* (hot potency). *Agnimandya* (diminished digestion power) is corrected by *Pippali*. *Srotas* vitiated is *Pranavaha* which are corrected by all the drugs as they Reduce Expiratory dyspnoea and decrease cough. *Strotodushiti* (The mechanism of manifestation of diseases) is *Sanga* (occlusion), which is caused by *Kapha Dosha*. The *Virya* (potency) of this drug is *Ushna* (hot), by the *Ushna* (hot) properties of the drug and *Shwasaahara* properties they help in Reducing inflammation of the bronchioles.

4. Conclusion

The clinical entity of asthma can be effectively managed by adopting the principles of *Tamaka Shwasa* which was explained in *Ayurveda* classics. It was considered that the treatment in the initial phases helped to correct the de-arranged *Doshas*, *Dhatu* and *Srotas*. The above case study revalidated *Ayurveda* principles on which patient got

completely cure along with get rid of permanent use of pump inhaler.

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